MDSS Disease Reporting for Michigan Department of Corrections

The Michigan Department of Corrections (MDOC), Bureau of Health Care Services, has chosen the Michigan Disease Surveillance System (MDSS) to report communicable diseases.

The MDOC Infection Control Coordinator (MDOC ICC) and an **MDOC Administrative Assistant (MDOC AA)** have statewide access user roles in MDSS. MDOC has designated that two to three staff persons at the three regional offices be trained in MDSS; these individuals are referred to as the **MDOC MDSS Regional Coordinators**.

MDOC Health Unit Managers (HUMs) are located in each of the state correctional facilities. Because the HUMs work inside the prison grounds, they do not have internet access. The health care staff complete the MDSS disease report forms by hand and then send the completed forms to the MDOC MDSS Regional Coordinators in their respective regional offices. The three regional offices are outside the prisons and have internet. Region 1 is located in Kincheloe, Chippewa Co., Region 2 is in Ionia, and Region 3 is in the Ann Arbor-Ypsilanti area. (For more information on MDOC regions, visit the MDOC website at www.michigan.gov/corrections.)

Registering Users on MDSS

The MDOC MDSS Regional Coordinators are assigned the healthcare provider role in MDSS by the MDOC ICC (one user name per region). The following naming convention for MDSS users from MDOC has been adopted (to identify MDOC users on MDSS):

MDOC Region 1

First name: Region1

Last name: MDOC

MDOC Region 2

First name: Region2

Last name: MDOC

MDOC Region 3

First name: Region3

Last name: MDOC

Jackson Medical Complex

First name: JMC

Last name: MDOC

Procedure for reporting new cases into MDSS

1. Enter **first name followed by the 6-digit prisoner ID number** in the First Name field, e.g.,

First	John 123456	Last	Smith

The surname goes in the Last Name field. This way the prisoner ID number will be visible on the local health department case listing.

2. Enter the full name or abbreviation of the correctional facility in the Investigation Address under 'Street' followed by the street address; complete the city, county, and zip code fields as appropriate.

Street	AMF 301 Wadaga Rd

3. Under the Referral tab, enter the MDOC facility in the Physician name fields as follows:

First	AMF	Last	MDOC

The 'abbreviation for the specific facility' is entered in the First Name physician field followed by 'MDOC' in the Last Name physician field. **As the Physician name fields are searchable, this will enable MDOC to locate their cases by running searches (searching on specific facility or MDOC).**

Health Departments

Local health departments will see the MDOC cases on their case listings. MDOC staff will investigate MDOC cases. Local health departments may fax any hardcopy lab reports they receive for inmates to the MDOC Infection Control Coordinator at 517-780-5677. Labs may also refer lab results from inmates at correctional facilities to local health departments through MDSS. When a local health department determines a case is a prisoner, the prisoner identification number and facility where housed can be located by checking with www.michigan.gov/corrections under "Offender Search." To ensure that MDOC ICC & AA staff find their cases in MDSS, local health departments need to fill in 'the abbreviation for the specific prison facility' in the physician first name field and 'MDOC' in the physician last name field, as described above in '***Procedure for reporting new cases into MDSS.'***

Although prisoner cases are investigated by MDOC, the cases will appear as assigned to the local level as a function of MDSS, and as such they will be counted in the statistical reports of the local health jurisdiction. In these reports, three disease reporting timeliness intervals exist: from onset date to referral date, from referral date to case entry date, and from case entry date to completion date of the case investigation. Therefore it is important that the MDOC cases be reported, investigated, and closed in a timely manner. (Local health departments are required to enter cases into MDSS within 24 hours of notification. Within 7 days of notification, at least 90% of case demographic data should be complete. For closed completed cases, 90% of all detailed case report forms should be at least 90% complete. Ref. Michigan Local Public Health Accreditation Program, Section IV, General Communicable Disease Control.)

Diseases to be Reported into MDSS

All communicable diseases listed in Michigan's Communicable Disease Rules can be reported into MDSS with the exception of HIV/AIDS and syphilis. HIV/AIDS and syphilis will continue to be reported to public health authorities as they have in the past until notification is received that they are to be reported into MDSS.

Reporting of disease caused by antimicrobial resistant organisms

(1) MRSA—Outbreaks of methicillin-resistant *Staphylococcus aureus* (MRSA) in the prison system must be reported to the MDOC ICC and to the MDCH Antimicrobial-resistant (AR) program. Each case involved in an outbreak should be reported on a hardcopy MDCH "MRSA Surveillance Case Report form" (not yet in MDSS) along with a copy of the specimen susceptibility results. All MRSA case reports from the same outbreak should be forwarded together to the MDCH AR program.

(2) VISA/VRSA—It is mandatory to report by phone immediately all suspect or confirmed cases of vancomycin-intermediate/-resistant *S. aureus* infection to the MDCH AR program. Report forms are not available yet for VISA/VRSA in MDSS.

(3) Invasive *Streptococcus pneumoniae*—All invasive cases of *S. pneumoniae* must be reported in MDSS under the reportable condition, "*Streptococcus pneumoniae*, invasive" (not "Strep pneum, Drug Resistant"). If the invasive case is also intermediate or resistant to one or more antimicrobials, please complete a hardcopy of the MDCH "*Streptococcus pneumoniae* Surveillance Case Report form," including susceptibility results and submit to the MDCH AR program.

For more information on reporting diseases caused by antimicrobial resistant organisms, please refer to Dawn Sievert's Jan 27, 2006 update on the subject (see Appendix A).

Chronic Hepatitis C Cases

A quick fix was instituted to reduce the time that MDOC chronic hepatitis C cases are open on MDSS. Many of these cases have already been reported and investigated in the past and are follow-up blood work. All new or active MDOC hep C cases in MDSS will be reviewed by the MDOC AA once a month. Cases older than 30 days will be closed out by the MDOC AA – with or without follow-up investigation documented in MDSS. If more information becomes available later, the case can be reactivated, updated, and then closed out.

Deduplication of MDOC Cases in MDSS

The purpose of deduplication is to determine whether the patient & or case information already exists in the system. MDSS deduplicates patient records at the time of New Case entry or from the Pending Work Queue (under the System Administration module). The health care provider role in MDSS does not allow for the deduplication function. If a health care provider submits a new case and it does not appear immediately on the case listing, it can be found by clicking on the 'Unassigned Cases' button under the Case Investigation module where it will remain until deduplicated (see next section). There are two types of deduplication, which are described below.

Patient deduplication—When a new case is entered in MDSS and a patient record exists for that individual, the patient will have to be deduplicated, i.e., the MDSS user at the local health department or state level will decide whether the patient is the same individual. Specifically, if the patient information for names, date of birth, and gender (plus race/ethnicity and address if available) match, then the patient records can be merged; if not enough information matches, then the records are not merged. When merging an MDOC case with an existing patient record, the 6-digit prisoner ID number should be kept during the patient deduplication process (click the appropriate radio button to select the desired information to retain in the merged record). After deduplication, conduct a search to find the patient just merged and update the record by adding MDOC to the physician last name field and the MDOC facility to the physician first name field under the Referrer tab. If the merged case was completed, the case can be activated, updated, and then closed again.

Case deduplication—When the case deduplication screen appears, the MDSS user must determine if the new case matches another existing disease report for this patient.

When a new case for an inmate is merged with an existing patient record, the record can be reactivated and updated with new patient information. When deduplicating, if there is any doubt about whether the two patients are the same individual, do not merge.

Closing Out Cases in MDSS

Cases must be completed to be reported to the Centers for Disease Control and Prevention (CDC). Because MDOC MDSS Regional Coordinators have the HCP role in MDSS, they cannot close out (i.e., 'complete') or reactivate cases. Once

they have completed the case investigation, MDOC MDSS Regional Coordinators will need to inform the MDOC ICC of the completed case so that the case can be closed out. The MDOC ICC or the MDOC Administrative Assistant with MDSS system administrator rights can close cases. To close a case, the MDOC ICC or Admin Assistant locates the case, checks that the case is complete, changes the investigation status to 'Complete,' and submits the report (click Submit).

Year-end Case Closing

The previous year's cases in MDSS must be closed out by the end of January in the new year in order that MDCH can prepare a final disease report file for the previous year to send to CDC. MDOC and local health departments endeavor to close out all old year cases by the end of January of the new year.

Appendix A

January 27, 2006

Dear Colleagues:

*****This message is to update you on the reporting of Antimicrobial Resistant Organisms in Michigan.*** Effective: 1/1/2006**

Individual Cases of Community-Associated Methicillin-Resistant *Staphylococcus aureus* (CA-MRSA): As of December 31, 2005, the MDCH Antimicrobial Resistance Program has concluded its voluntary surveillance of individual cases of CA-MRSA. We would like to take this opportunity to thank all of those who took the extra time and made the extra effort to gather the necessary data, complete the case report forms, and send in isolates. The information collected is very important to help characterize CA-MRSA in Michigan. We appreciate the hard work and dedication of those who recognized the significance of this request and its looming issue. Please help spread the word and let health care providers in your area know that they no longer need to report individual cases of CA-MRSA.

Methicillin-Resistant *Staphylococcus aureus* (MRSA) Outbreaks: Please note that reporting outbreaks of MRSA continues to be mandatory in Michigan. Therefore, all cases associated with an MRSA outbreak, whether it be Hospital-Associated MRSA or Community-Associated MRSA, should be reported through your local health department to MDCH. Until MDSS can be updated, there is no place to appropriately report MRSA outbreaks in this system, therefore each case involved in an outbreak should be reported on a separate paper copy of the MDCH MRSA Surveillance Case Report Form along with a copy of the specimen susceptibility results. Please note that MDCH does not request reporting into the reportable condition category "Staphylococcus Aureus Infect." in MDSS. Therefore, if you choose to enter any cases under this condition category it is for jurisdiction purposes only and will not be reviewed or analyzed by MDCH. An outbreak in a facility or in a community is to be defined as 3 or more lab-confirmed cases that are epidemiologically linked, where transmission/spread is plausible. If isolates associated with the outbreak are saved, pulsed-field gel electrophoresis (PFGE) testing at the MDCH Houghton Lab can be requested through the MDCH AR Epidemiologist, to look for matching specimen patterns.

Vancomycin-Intermediate/-Resistant *Staphylococcus aureus* (VISA/VRSA): It is also mandatory to report all cases (suspect or confirmed) of VISA and VRSA. Therefore, any suspect or confirmed case of VISA or VRSA should be reported immediately through your local health department to MDCH. These cases should be reported via phone, as these reportable conditions are not yet identified on MDSS, and each follow-up is case specific. All isolates should be saved and forwarded to the MDCH Lansing Lab for further testing.

Invasive *Streptococcus pneumoniae*: All invasive cases (i.e. cultures taken from sterile sites) of *Streptococcus pneumoniae* are also reportable in Michigan. Each case should be reported in MDSS under the reportable condition category "Streptococcus pneumoniae, Inv". The Detail Form that is currently associated with this condition was originally designed for the reporting of meningitis or bacteremia cases; please fill out the form as appropriately as possible for all invasive *Streptococcus pneumoniae* cases. Until this form can be updated, we need to collect additional data if the organism is also resistant. Therefore, if the invasive case that is electronically reported is also intermediate or resistant to one or more antimicrobials, please also complete and submit a paper copy of the MDCH *Streptococcus pneumoniae* Surveillance Case Report Form, including specimen susceptibility results. No isolates need to be saved or shipped at this time. Please note that MDCH does not request reporting into the reportable condition category "Strep Pneumo, Drug Resistant" in MDSS. Therefore, if you choose to enter any cases under this condition category it is for jurisdiction purposes only and will not be reviewed or analyzed by MDCH.

We realize that having to complete paper forms demands additional valuable time and effort. We appreciate your continued recognition of antimicrobial resistance as an important issue, and thank you for your diligence and patience as we work to update MDSS.

Best Regards,
Dawn M. Sievert, MS
MDCH Antimicrobial Resistance Epidemiologist